

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 41

For Official Use Only

Statement covers period

from 11/19/2017

through 12/31/2017

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☒ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1398763

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90010	(916)442-2952

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

OPTIONAL: FAX/E-MAIL ADDRESS

(916)442-1280 / info@olsonhagel.com

Treasurer(s)

NAME OF TREASURER

Oscar Lopez

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90010	(213)401-3300

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/24/2018 By Oscar Lopez
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/24/2018 By Oscar Lopez
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE
Wendy Carrillo

OFFICE SOUGHT OR HELD
State Assembly Person
District No. 51

☒ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 11/19/2017 through 12/31/2017	CALIFORNIA FORM 460 Page 3 of 41 I.D. NUMBER 1398763
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$58,000.00	\$720,500.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$58,000.00	\$720,500.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$36,854.19	\$122,820.44
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$94,854.19	\$843,320.44

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$270,341.29	\$665,590.36
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$270,341.29	\$665,590.36
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$91,448.31)	\$12,892.32
10. Nonmonetary Adjustment	Schedule C, Line 3	\$36,854.19	\$122,820.44
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$215,747.17	\$801,303.12

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$269,563.43	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$58,000.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$270,341.29	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$57,222.14	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$12,892.32

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 11/19/2017		
through 12/31/2017		Page 4 of 41

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. Number
1398763

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Laborers Local 300 Small Contributor Committee Los Angeles, CA 90006 Committee ID: 950674	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
12/1/2017	SEIU California State Council Political Committee Sacramento, CA 95814 Committee ID: 1258324	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$363,702.77	
11/21/2017	Service Employees International Union Local 121RN PAC Sacramento, CA 95814 Committee ID: 1303833	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$3,000.00	\$3,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$58,000.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$58,000.00

2. Amount received this period - unitemized contributions of less than \$100 \$0.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$58,000.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
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Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 11/19/2017
through 12/31/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER

1398763

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

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Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>11/19/2017</u> through <u>12/31/2017</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 11/19/2017
through 12/31/2017




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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. Number
1398763

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/5/2017	Service Employees International Union Local 1000 Candidate PAC Sacramento, CA 95814 Committee ID: 1273063	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		Mileage Expense	\$151.42	\$25,367.58	
11/29/2017	***THIRD PARTY REPAYMENT*** SEIU California State Council Political Committee Sacramento, CA 95814 Memo Reference: PAY221 Committee ID: 1258324	 <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Paid By Third Party	\$3,000.00	\$363,702.77	
11/29/2017	***THIRD PARTY REPAYMENT*** SEIU California State Council Political Committee Sacramento, CA 95814 Memo Reference: PAY222 Committee ID: 1258324	 <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Paid By Third Party	\$7,100.00	\$363,702.77	
11/29/2017	***THIRD PARTY REPAYMENT*** SEIU California State Council Political Committee Sacramento, CA 95814 Memo Reference: PAY223 Committee ID: 1258324	 <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Paid By Third Party	\$26,602.77	\$363,702.77	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$36,854.19

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....

\$36,854.19

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

\$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

\$36,854.19

*Contributor Codes

IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 11/19/2017

through 12/31/2017

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER

1398763

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Doorhanger	\$5,600.00	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/5/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mileage Expense	\$151.42	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/1/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Translation Services	\$96.93	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$167,489.76
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$167,489.76

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
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SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER
1398763

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Payee Name: Luis Lopez (I) Candidate Name: Luis Lopez State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Design for Mailer	\$88.87	\$78,390.99	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
11/28/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Design for Mailer	\$23.63	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/22/2017	Payee Name: Luis Lopez (I) Candidate Name: Luis Lopez State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Design for Text Messages	\$61.87	\$78,390.99	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
11/22/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Design for Text Messages	\$61.88	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations		I.D. NUMBER 1398763

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/26/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Walk Piece	\$12,290.00	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/27/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$11,758.23	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/27/2017	Payee Name: Luis Lopez (I) Candidate Name: Luis Lopez State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$9,882.51	\$78,390.99	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
11/27/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$9,882.51	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>11/19/2017</u>		
through <u>12/31/2017</u>		Page <u>11</u> of <u>41</u>

NAME OF FILER

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I.D. NUMBER
1398763

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$9,179.71	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/28/2017	Payee Name: Luis Lopez (I) Candidate Name: Luis Lopez State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$594.84	\$78,390.99	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
11/29/2017	Payee Name: Luis Lopez (I) Candidate Name: Luis Lopez State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$17,968.20	\$78,390.99	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
11/29/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$18,425.00	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>11/19/2017</u>		
through <u>12/31/2017</u>		Page <u>12</u> of <u>41</u>

NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER
1398763

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Text Messages	\$2,652.50	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/28/2017	Payee Name: Luis Lopez (I) Candidate Name: Luis Lopez State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$12,503.89	\$78,390.99	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
11/28/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$3,409.86	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/1/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	GOTV Expenses	\$12,892.32	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 11/19/2017

through 12/31/2017

CALIFORNIA
FORM 460

Page 13 of 41

NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER
 1398763

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/21/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$17,977.68	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/22/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Text Messages	\$1,013.62	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/20/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$10,186.11	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/22/2017	Payee Name: Luis Lopez (I) Candidate Name: Luis Lopez State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Text Messages	\$1,013.63	\$78,390.99	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>11/19/2017</u>		
through <u>12/31/2017</u>		Page <u>14</u> of <u>41</u>

NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER
1398763

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/22/2017	Payee Name: Wendy Carrillo (I) Candidate Name: Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$9,774.55	\$662,050.39	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$167,489.76

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 11/19/2017 through 12/31/2017	CALIFORNIA FORM 460
Page 15 of 41	I.D. NUMBER 1398763

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stone's Phones/Savvy Communications, LLC Rancho Mirage, CA 92270	IND		Text Messages/Support/Wendy Carrillo/AD51	\$1,013.62
Stone's Phones/Savvy Communications, LLC Rancho Mirage, CA 92270	IND		Text Messages/Oppose/Luis Lopez/AD51	\$1,013.63
Stone's Phones/Savvy Communications, LLC Rancho Mirage, CA 92270	IND		Text Messages/Oppose/Luis Lopez/AD51	\$3,825.25

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$270,341.29
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$270,341.29

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 11/19/2017		
through 12/31/2017		Page 16 of 41
NAME OF FILER Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations		I.D. NUMBER 1398763

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stone's Phones/Savvy Communications, LLC Rancho Mirage, CA 92270	IND		Text Messages/Support/Wendy Carrillo/AD51	\$627.75
Hilltop Public Solutions Washington, DC 20007	IND		Mailer/Support/Wendy Carrillo/AD51	\$9,774.55
Hilltop Public Solutions Washington, DC 20007	IND		Mailer/Oppose/Luis Lopez/AD51	\$9,951.93
Hilltop Public Solutions Washington, DC 20007	IND		Mailer/Support/Wendy Carrillo/AD51	\$9,951.93
Hilltop Public Solutions Washington, DC 20007	IND		Mailer/Support/Wendy Carrillo/AD51	\$10,186.11

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from <u>11/19/2017</u>		
through <u>12/31/2017</u>		Page <u>17</u> of <u>41</u>
NAME OF FILER Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations		I.D. NUMBER 1398763

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hilltop Public Solutions Washington, DC 20007	IND		Mailer/Support/Wendy Carrillo/AD51	\$20,122.08
Hilltop Public Solutions Washington, DC 20007	IND		Mailer/Support/Wendy Carrillo/AD51	\$17,977.68
Hilltop Public Solutions Washington, DC 20007	LIT		General Voter Information Mailer	\$40,292.72
Hilltop Public Solutions Washington, DC 20007	IND		Mailer/Oppose/Luis Lopez/AD51	\$17,968.20
Hilltop Public Solutions Washington, DC 20007	IND		Mailer/Oppose/Luis Lopez/AD51	\$9,882.51

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 11/19/2017		
through 12/31/2017		Page 18 of 41
NAME OF FILER Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations		I.D. NUMBER 1398763

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hilltop Public Solutions Washington, DC 20007	IND		Mailer/Support/Wendy Carrillo/AD51	\$9,882.51
Hilltop Public Solutions Washington, DC 20007	IND		Mailer/Oppose/Luis Lopez/AD51	\$594.84
Hilltop Public Solutions Washington, DC 20007	IND		Mailer/Support/Wendy Carrillo/AD51	\$18,425.00
Hilltop Public Solutions Washington, DC 20007	IND		Mailer/Support/Wendy Carrillo/AD51	\$22,136.28
Hilltop Public Solutions Washington, DC 20007	IND		Mailer/Support/Wendy Carrillo/AD51	\$11,758.23

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	11/19/2017	
through 12/31/2017		Page 19 of 41
NAME OF FILER Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations		I.D. NUMBER 1398763

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hilltop Public Solutions Washington, DC 20007	IND		Walk Piece/Support/Wendy Carrillo/AD51	\$12,290.00
Hilltop Public Solutions Washington, DC 20007	IND		Mailer/Support/Wendy Carrillo/AD51	\$9,179.71
Hilltop Public Solutions Washington, DC 20007	IND		Doorhanger/Support/Wendy Carrillo/AD51	\$5,600.00
Continental Colorcraft Monterey Park, CA 91754	IND		Mailer/Oppose/Luis Lopez/AD51	\$12,503.89
Continental Colorcraft Monterey Park, CA 91754	IND		Mailer/Support/Wendy Carrillo/AD51	\$3,409.86

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 11/19/2017		
through 12/31/2017		Page 20 of 41
NAME OF FILER Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations		I.D. NUMBER 1398763

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stone's Phones/Savvy Communications, LLC Rancho Mirage, CA 92270	IND		Text Messages/Support/Wendy Carrillo/AD51	\$2,652.50
Reliable Translations, Inc. Glendale, CA 91203	IND		Translation Services/Support/Wendy Carrillo/AD51	\$96.93
Anoki Dot Net San Diego, CA 92103	IND		Design for Mailer/Oppose/Luis Lopez/AD51	\$88.87
Anoki Dot Net San Diego, CA 92103	IND		Design for Mailer/Support/Wendy Carrillo/AD51	\$23.63
Anoki Dot Net San Diego, CA 92103	IND		Design for Text Message/Support/Wendy Carrillo/AD51	\$61.88

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>11/19/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>21</u> of <u>41</u>
I.D. NUMBER 1398763		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson Hagel & Fishburn, LLP Sacramento, CA 95814	PRO			\$7,200.08
Anoki Dot Net San Diego, CA 92103	IND		Design for Text Message/Oppose/Luis Lopez/AD51	\$61.87
Political Data, Inc. Norwalk, CA 90650	LIT		Data for General Voter Information Mailer	\$353.19
Political Data, Inc. Norwalk, CA 90650	LIT		Data for General Voter Information Mailer	\$411.42
Progressive Contact Technologies, Inc. Norwalk, CA 90650	IND		Minutes/Support/Wendy Carrillo/AD51	\$1,022.64

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$270,341.29

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 11/19/2017
through 12/31/2017

CALIFORNIA
FORM 460

Page 22 of 41

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER
1398763

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
California State Council SEIU Sacramento, CA 95814	IND Staff Time/Support/Wendy Carrillo/AD51	\$7,100.00	(\$7,100.00)	\$0.00	\$0.00
California State Council SEIU Sacramento, CA 95814	IND Digital Ads/Support/Wendy Carrillo/AD51	\$3,000.00	(\$3,000.00)	\$0.00	\$0.00
Stone's Phones/Savvy Communications, LLC Rancho Mirage, CA 92270	IND Text Messages/Oppose/Luis Lopez/AD51	\$3,825.25	\$0.00	\$3,825.25	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** (\$23,810.45)
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$67,637.86
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$91,448.31)
May be a negative number.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 11/19/2017
through 12/31/2017

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NAME OF FILER
Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER
1398763

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Stone's Phones/Savvy Communications, LLC Rancho Mirage, CA 92270	IND Text Messages/Support/Wendy Carrillo/AD51	\$627.75	\$0.00	\$627.75	\$0.00
Hilltop Public Solutions Washington, DC 20007	IND Mailer/Support/Wendy Carrillo/AD51	\$22,136.28	\$0.00	\$22,136.28	\$0.00
Hilltop Public Solutions Washington, DC 20007	IND Mailer/Support/Wendy Carrillo/AD51	\$20,122.08	\$0.00	\$20,122.08	\$0.00
Hilltop Public Solutions Washington, DC 20007	IND Mailer/Oppose/Luis Lopez/AD51	\$9,951.93	\$0.00	\$9,951.93	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 11/19/2017
through 12/31/2017

CALIFORNIA
FORM **460**

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NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER
1398763

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Hilltop Public Solutions Washington, DC 20007	IND Mailer/Support/Wendy Carrillo/AD51	\$9,951.93	\$0.00	\$9,951.93	\$0.00
Progressive Contact Technologies, Inc. Norwalk, CA 90650	IND Minutes/Support/Wendy Carrillo/AD51	\$1,022.64	\$0.00	\$1,022.64	\$0.00
California State Council SEIU Sacramento, CA 95814	IND GOTV Expenses/Support/Wendy Carrillo/AD51	\$0.00	\$12,892.32	\$0.00	\$12,892.32
California State Council SEIU Sacramento, CA 95814	IND Staff Time and Travel Expenses	\$26,602.77	(\$26,602.77)	\$0.00	\$0.00
SUBTOTALS		\$104,340.63	(\$23,810.45)	\$67,637.86	\$12,892.32

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER
1398763

NAME OF AGENT OR INDEPENDENT CONTRACTOR

California State Council SEIU

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
National Rent-A-Car Inglewood, CA 90301	IND		Travel Expenses	\$1,162.84
Sheraton Grand Los Angeles Los Angeles, CA 90017	IND		Travel Expenses	\$1,817.17
Southwest Airlines Los Angeles, CA 90045	IND		Travel Expenses	\$4,852.74
The L.A. Hotel Downtown Los Angeles, CA 90071	IND		Travel Expenses	\$2,371.27

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$10204.02

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Double Tree Hotel Los Angeles, CA 90012	IND		Travel Expenses	\$1,451.28

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1451.28

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER
1398763

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Continental Colorcraft

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster Northridge, CA 91324	IND		Postage for Mailer	\$3,325.56
US Postmaster Northridge, CA 91324	POS		Postage for General Voter Information Mailer	\$10,175.72
US Postmaster Northridge, CA 91324	IND		Postage for Mailer	\$5,803.02
US Postmaster Northridge, CA 91324	IND		Postage for Mailer	\$2,469.36

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$21773.66

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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I.D. NUMBER
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster Northridge, CA 91324	IND		Postage for Mailer	\$8,385.16
US Postmaster Northridge, CA 91324	IND		Postage for Mailer	\$8,385.16
US Postmaster Northridge, CA 91324	IND		Postage for Mailer	\$3,325.56
US Postmaster Northridge, CA 91324	IND		Postage for Mailer	\$7,700.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$27795.88

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER
1398763

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Continental Colorcraft

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster Northridge, CA 91324	IND		Postage for Mailer	\$7,704.72
US Postmaster Northridge, CA 91324	IND		Postage for Mailer	\$2,469.36
US Postmaster Northridge, CA 91324	IND		Postage for Mailer	\$2,880.92

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$13055.00

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER
1398763

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Hilltop Public Solutions

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Continental Colorcraft Monterey Park, CA 91754	LIT		Printing for General Voter Information Mailer	\$23,835.72
Continental Colorcraft Monterey Park, CA 91754	IND		Printing & Mailhouse for Mailer	\$7,065.56
Continental Colorcraft Monterey Park, CA 91754	IND		Printing & Mailhouse for Mailer	\$1,785.16
Continental Colorcraft Monterey Park, CA 91754	IND		Printing & Mailhouse for Mailer	\$6,260.92

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$38947.36

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Schedule G

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Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

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1398763

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Hilltop Public Solutions

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Continental Colorcraft Monterey Park, CA 91754	IND		Printing & Mailhouse for Mailer	\$13,724.72
Continental Colorcraft Monterey Park, CA 91754	IND		Printing & Mailhouse for Mailer	\$6,209.36
Continental Colorcraft Monterey Park, CA 91754	IND		Printing & Mailhouse for Mailer	\$7,065.56
Lzbth Wlsn Designs Brooklyn, NY 11231	IND		Design for Doorhangers	\$1,000.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$27999.64

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lzbth Wlsn Designs Brooklyn, NY 11231	IND		Design for Mailer	\$1,500.00
Lzbth Wlsn Designs Brooklyn, NY 11231	IND		Design for Mailer	\$1,500.00
Lzbth Wlsn Designs Brooklyn, NY 11231	IND		Design for Mailer	\$1,500.00
Continental Colorcraft Monterey Park, CA 91754	IND		Printing & Mailhouse for Mailer	\$5,849.36

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$10349.36

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Continental Colorcraft Monterey Park, CA 91754	IND		Printing & Mailhouse for Mailer	\$13,559.06
Continental Colorcraft Monterey Park, CA 91754	IND		Printing & Mailhouse for Mailer	\$14,100.00
Continental Colorcraft Monterey Park, CA 91754	IND		Printing for Doorhangers	\$3,090.00
Harman Press North Hollywood, CA 91605	IND		Printing for Walk Piece	\$5,453.10

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$36202.16

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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lzbth Wlsn Designs Brooklyn, NY 11231	IND		Design for Mailer	\$1,500.00
Lzbth Wlsn Designs Brooklyn, NY 11231	IND		Design for Mailer	\$1,500.00
Lzbth Wlsn Designs Brooklyn, NY 11231	IND		Design for Mailer	\$1,500.00
Lzbth Wlsn Designs Brooklyn, NY 11231	IND		Design for Walk Piece	\$2,000.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$6500.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER
1398763

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Hilltop Public Solutions

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lzbth Wlsn Designs Brooklyn, NY 11231	IND		Design for Mailer	\$1,500.00
Lzbth Wlsn Designs Brooklyn, NY 11231	IND		Design for Mailer	\$1,500.00
Lzbth Wlsn Designs Brooklyn, NY 11231	LIT		Design for General Voter Information Mailer	\$3,000.00
Lzbth Wlsn Designs Brooklyn, NY 11231	IND		Design for Mailer	\$1,500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$7500.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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to whole dollars.

SCHEDULE G

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NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER
1398763

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Left Hook, LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Google DoubleClick Mountain View, CA 94043 Memo Reference: EDT42	IND		Video and Photo Images for Digital Ads	\$18,180.09
Facebook, Inc. Menlo Park, CA 94025 Memo Reference: EDT41	IND		Video and Photo Images for Digital Ads	\$10,284.09
East-West Payroll San Francisco, CA 94114 Memo Reference: EDT40	IND		Video and Photo Images for Digital Ads	\$2,134.00
The Mission Venice, CA 90291 Memo Reference: EDT44	IND		Video and Photo Images for Digital Ads	\$1,200.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$31798.18

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 11/19/2017
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NAME OF FILER
Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER
1398763

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Left Hook, LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Vinyl Boise, ID 83705 Memo Reference: EDT43	IND		Video and Photo Images for Digital Ads	\$1,300.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1300.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from 11/19/2017 through 12/31/2017	CALIFORNIA FORM 460
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NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER
1398763

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			SUBTOTALS					

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

(May be a negative number)

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 11/19/2017
through 12/31/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Working Families for Wendy Carrillo Assembly 2017 supported by health care workers, janitors, school employees, and labor organizations

I.D. NUMBER

1398763

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$.00
- Unitemized increases to cash under \$100 this period..... \$.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: PAY221

In-kind: Digital Ads

Memo Reference: PAY222

In-kind: Staff Time

Memo Reference: PAY223

In-kind: GOTV Expenses

Memo Reference: EDT40

subvendor of payment made in prior period

Memo Reference: EDT41

subvendor of payment made in prior period

Memo Reference: EDT42

subvendor of payment made in prior period

Memo Reference: EDT43

subvendor of payment made in prior period

Memo Reference: EDT44

subvendor of payment made in prior period
